# REQUEST FOR PATENT FEE REFUND

| 1 Date of Request: | 2 Serial/Patent # 10/519047 |
|---|---|

| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---|---|---|---|
| ✓ Filing | 1 | 12/22/04 | $ 100 |
| Amendment | | | $ |
| Extension of Time | | | $ |
| Notice of Appeal/Appeal | | | $ |
| Petition | | | $ |
| Issue | | | $ |
| Cert of Correction/Terminal Disc. | | | $ |
| Maintenance | | | $ |
| Assignment | | | $ |
| Other | | | $ |

| 7 TOTAL AMOUNT OF REFUND | $ 100 |
|---|---|

**8 TO BE REFUNDED BY:**

| | Treasury Check |
|---|---|
| ✓ | Credit Deposit A/C #: |

9 | 5 | 0 | -- | 3 | 1 | 95 |

**10 REASON:**

| ✓ | Overpayment |
|---|---|
| | Duplicate Payment |
| | No Fee Due (Explanation): |

**11 REFUND REQUESTED BY:**

TYPED/PRINTED NAME: A Johnson     TITLE: paralegal

SIGNATURE: A Johnson     PHONE: 308-9940
PCT

OFFICE: 

*************************************************************************

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____     DATE: _____

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance**
**Refund Branch**
**Crystal Park One, Room 802B**

FORM PTO 1577
(01/90)